

Equity Assessment Prepayment Report for Non-Participating Manufacturers of Cigarettes and/or "Roll-Your-Own" Tobacco

Issued under authority of P.A. 327 of 1993, as amended.

The report covers sales from January 8, 2004 through December 31, 2004. Form and prepayment are due prior to selling cigarettes and/or Roll-Your-Own in Michigan.

CONTACT INFORMATION

| | | | | | |
|-------------------------|----------|----------------|------------|---|-------------|
| 1. Manufacturer Name | | | | 2. FE, ME, or TR No. (if applicable) | |
| 3. Address | | | | 4. Business Telephone Number | |
| 5. City | 6. State | 7. Postal Code | 8. Country | 9. Date began or will begin selling in Michigan | |
| 10. Resident Agent Name | | | | 11. Telephone Number of Resident Agent | |
| 12. Address | 13. City | | 14. State | 15. Postal Code | 16. Country |

17. Indicate the brand name of the tobacco product and whether the product is cigarette or RYO. Attach additional sheets as needed.

| Brand Name | Cigarette or "Roll-Your-Own" (RYO) Tobacco | |
|------------|--|--------------------------------------|
| | <input type="checkbox"/> Cigarette | <input type="checkbox"/> RYO Tobacco |
| | <input type="checkbox"/> Cigarette | <input type="checkbox"/> RYO Tobacco |
| | <input type="checkbox"/> Cigarette | <input type="checkbox"/> RYO Tobacco |
| | <input type="checkbox"/> Cigarette | <input type="checkbox"/> RYO Tobacco |
| | <input type="checkbox"/> Cigarette | <input type="checkbox"/> RYO Tobacco |
| | <input type="checkbox"/> Cigarette | <input type="checkbox"/> RYO Tobacco |
| | <input type="checkbox"/> Cigarette | <input type="checkbox"/> RYO Tobacco |
| | <input type="checkbox"/> Cigarette | <input type="checkbox"/> RYO Tobacco |
| | <input type="checkbox"/> Cigarette | <input type="checkbox"/> RYO Tobacco |

Note: An NPM must notify the department when brands not included on this list will be sold in Michigan or if brands are discontinued during 2004.

18. Equity Assessment Prepayment Amount Due

(a minimum of \$10,000 or the amount Determined by the Treasury Department)

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|-----|
| 18. |
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CERTIFICATION

I declare under penalty of perjury that the information contained in this report and any attachments is true and correct to the best of my knowledge. I further declare my intent to comply with Public Act 244 of 1999, and sections 6c and 6d of Public Act 327 of 1993, as amended.

| | | | | | |
|-------------------|------|-------|-------------|--------------|--|
| Officer Name | | Title | | | |
| Address | City | State | Postal Code | Country | |
| Officer Signature | | Date | | Phone Number | |

When completed, mail a copy of the form to: Customer Contact Division; Tobacco Taxes Unit, P.O. Box 30748; Lansing, MI 48909.

The Tobacco Taxes Unit can be reached at (517) 636-4630 or faxed at (517) 636-4631.

Instructions for Completing Form 4126, Equity Assessment Prepayment Report for Non-Participating Manufacturers of Cigarettes and/or "Roll-Your-Own" Tobacco

Form 4126, *Equity Assessment Prepayment Report for Non-Participating Manufacturers of Cigarettes and/or "Roll-Your-Own" Tobacco* must be completed and submitted with payment before your organization's name will appear on Treasury's web site www.michigan.gov/tobaccotaxes indicating to licensed wholesalers and unclassified acquirers that they may affix the appropriate stamp required by P.A. 327 of 1993, as amended. If you fail to submit the report with payment you are prohibited from selling cigarettes and/or Roll-Your-Own tobacco in Michigan. In addition, you may be subject to civil fines and the tobacco product may be seized."

Cigarette Definition

The definition of a "cigarette" is taken from P.A. 244 of 1999.

CONTACT INFORMATION

Lines 1-8. Enter your organization's name, tax identification number, telephone number and complete address, including name of country if other than the United States.

Line 9. Enter the date that your organization began or will begin selling cigarettes or "Roll-Your-Own" tobacco in Michigan or to a distributor who will ship into Michigan.

Lines 10-16. Enter the name, address, and telephone number of the resident agent. P.A. 327 of 1993, as amended, requires that a non-participating manufacturer appoint and continually engage a resident agent for service of process. That service shall constitute legal and valid service of process on the non-participating manufacturer. The department must be notified of any change regarding the resident agent.

Brand Name

Line 17: Enter the brand name of the tobacco product to be sold in Michigan. Do not include styles. Indicate if the tobacco product is cigarette or "roll-your-own" tobacco.

Line 18: The equity assessment prepayment amount that was determined by the department was based on anticipated sales in Michigan for 2004, or \$10,000, whichever is greater. For purposes of calculating the equity assessment, .09 ounces of "roll-your-own" equals one cigarette. Submit the full payment along with this completed report prior to selling cigarettes and/or Roll-Your-Own in Michigan to:

Customer Contact Division
Tobacco Taxes Unit
P.O. Box 30748
Lansing, MI 48909

Questions can be directed to (517) 636-4630.
Forms can be faxed to (517) 636-4631.

CERTIFICATION

Enter the name, title, address, name of country if other than the United States, and telephone number of the officer of the non-participating manufacturer. The officer must sign and date attesting to the information provided on the form.